



Complete Summary

TITLE

Geriatrics: percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.

SOURCE(S)

American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Aug. 41 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.

RATIONALE

Screening for specific medical conditions may direct the therapy. Although the clinical guidelines and supporting evidence calls for an evaluation of many factors, it was felt that for the purposes of measuring performance and facilitating implementation this initial measure must be limited in scope. For this reason, the work group defined an evaluation of balance and gait as a core component that must be completed on all patients with a history of falls as well as four additional

evaluations – at least one of which must be completed within the 12 month period.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by a health care professional with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualized, multifactorial intervention. (National Institute for Clinical Excellence [NICE])

Multifactorial assessment may include the following:

- Identification of falls history
- Assessment of gait, balance and mobility, and muscle weakness
- Assessment of osteoporosis risk
- Assessment of the older person's perceived functional ability and fear relating to falling
- Assessment of visual impairment
- Assessment of cognitive impairment and neurological examination
- Assessment of urinary incontinence
- Assessment of home hazards
- Cardiovascular examination and medication review (NICE)

From the soon to be released American Geriatrics Society (AGS) updated guideline (verbatim):

A fall risk assessment should be performed for older persons who present for medical attention because of a fall, report recurrent falls in the past year, report difficulties in walking or balance or fear of falling, or demonstrate unsteadiness or difficulty performing a gait and balance test.

The falls risk evaluation should be performed by a clinician with appropriate skills and experience.

A falls risk assessment is a clinical evaluation that should include the following, but are not limited to:

- A history of fall circumstances
- Review of all medications and doses
- Evaluation of gait and balance, mobility levels and lower extremity joint function
- Examination of vision
- Examination of neurological function, muscle strength, proprioception, reflexes, and tests of cortical, extrapyramidal, and cerebellar function
- Cognitive evaluation
- Screening for depression
- Assessment of postural blood pressure
- Assessment of heart rate and rhythm
- Assessment of heart rate and rhythm, and blood pressure responses to carotid sinus stimulation if appropriate
- Assessment of home environment

The falls risks assessment should be followed by direct intervention on the identified risk. (AGS)

PRIMARY CLINICAL COMPONENT

Geriatrics; fall risk; assessment (balance, gait, postural blood pressure, vision, home fall hazards, medications)

DENOMINATOR DESCRIPTION

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with an injury in the past year) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who had a risk assessment for falls completed within 12 months (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Clinical practice guideline for the assessment and prevention of falls in older people.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Leatherman S, McCarthy D. Quality of health care for medicare beneficiaries: a chartbook. Focusing on the elderly living in the community. Vol. 815New York (NY): Commonwealth Fund; 2005 May. 184 p.

Rubenstein LZ, Solomon DH, Roth CP, Young RT, Shekelle PG, Chang JT, MacLean CH, Kamberg CJ, Saliba D, Wenger NS. Detection and management of falls and instability in vulnerable elders by community physicians. J Am Geriatr Soc2004 Sep;52(9):1527-31. [PubMed](#)

Wenger NS, Roth CP, Shekelle PG, Young RT, Solomon DH, Kamberg C, Chang JT, et al. A controlled trial of a practice-based intervention to improve primary care for falls, incontinence, and dementia. SGIM 28th Annual Meeting. New Orleans (LA). Society for General Internal Medicine; 2005.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Home Care
Long-term Care Facilities
Physician Group Practices/Clinics
Rehabilitation Centers
Residential Care Facilities

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physical Therapists
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 65 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with an injury in the past year)

Exclusions

Documentation of medical reason(s) for not completing a risk assessment for falls

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

Patients who had a risk assessment* for falls completed within 12 months

Risk assessment is comprised of:

- Balance/gait - medical record must include: documentation of observed transfer and walking OR use of a standardized scale (e.g., Get Up & Go, Berg, Tinetti OR documentation of referral for assessment of balance/gait)

AND one or more of the following:

- Postural blood pressure - documentation of blood pressure values in standing and supine positions
- Vision - medical record must include: documentation that the patient is functioning well with vision or not functioning well with vision based on discussion with the patient OR use of a standardized scale or assessment tool (e.g., Snellen) OR documentation of referral for assessment of vision
- Home fall hazards - medical record must include: documentation of counseling on home falls hazards OR documentation of inquiry of home falls hazards OR referral for evaluation of home falls hazards
- Medications - medical record must include documentation of whether the patient's current medications may or may not contribute to falls

Note: all components do not need to be completed during one patient visit.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Measure #7: risk assessment for falls.

MEASURE COLLECTION

MEASURE SET NAME

[Geriatrics Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Geriatrics Society, the National Committee for Quality Assurance, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Geriatrics Society
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Aug

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

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MEASURE AVAILABILITY

The individual measure, "Measure #7: Risk Assessment for Falls," is published in the "Geriatrics Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on August 13, 2008. The information was verified by the measure developer on September 30, 2008.

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